

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32705

Registration District No. 325

Primary Registration District No. 4480

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Greentop
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dr. Van Osdol Clinic 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME James P. Sponsler

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marv Sponsler 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Jan. 8 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 20 hr. min.

9. Birthplace Davis Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Saw Miller

11. Industry or business
12. Name Cyrus Sponsler

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Rash

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Sponsler

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 10/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Cemetery

18. (a) Signature of funeral director D. E. Riley

(b) Address Kirksville, Mo.

19. (a) Sept. 3, 1943 (b) A. L. Justice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 001
(c) City or town Kirksville, - "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route No. 2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1943 hour 3:20 minute A: M.

21. I hereby certify that I attended the deceased from 9-1-43
19 to 9-28-43 19
that I last saw him alive on 9-28-43 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature C. H. Osdol, Jr. (M. D. or other)
Address Greentop, Mo. Date signed 9-30-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-43-1700

Date Filed OCT 11 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Evered

Licensed Embalmer No. 4181

P. O. Address Kentville 20

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.